

South Dakota WIC Program  
Training Module Review Verification Form

**PURPOSE:**

This form will be distributed by WIC Program to retailers:

- When it is determined the retailer has large number of violations that require mandatory training.
- When a retailer has trained a new employee.
- When a retailer has conducted training as a refresher for established employees.

Retailer management will:

- List names of employees who have successfully completed the training module
- Sign and date the form.
- Return white copy of form only to WIC Program

Retailer \_\_\_\_\_ ID Number \_\_\_\_\_

Date of Training \_\_\_\_\_ Time \_\_\_\_\_

Retail staff conducting training \_\_\_\_\_

1. _____	24. _____
2. _____	25. _____
3. _____	26. _____
4. _____	27. _____
5. _____	28. _____
6. _____	29. _____
7. _____	30. _____
8. _____	31. _____
9. _____	32. _____
10. _____	33. _____
11. _____	34. _____
12. _____	35. _____
13. _____	36. _____
14. _____	37. _____
15. _____	38. _____
16. _____	39. _____
17. _____	40. _____
18. _____	41. _____
19. _____	42. _____
20. _____	43. _____
21. _____	44. _____
22. _____	45. _____
23. _____	

Distribution: Maintained with Training Report - White: State Office Yellow: Retailer